



Indiana Specific Information

This document contains information specific to the State of Indiana. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Notice of Updates

Notice of updates published November 2, 2023.

- UnitedHealthcare Dual Complete (PPO D-SNP) (H0271-005) added effective 01/01/2024.
- UnitedHealthcare Dual Complete (PPO D-SNP) (H0271-054) added effective 01/01/2024.
- UnitedHealthcare Dual Complete (PPO D-SNP) (H0271-063) added effective 01/01/2024.



1.2 Covered Benefits – UnitedHealthcare Community Plan – Hoosier Care Connect (Medicaid)

Benefit Plan(s): UDINM-20, UDINM-21

Benefit	Benefit Limitations/Criteria
Exam and Refraction	<ul style="list-style-type: none"> ▪ 1 service date every 12 months ages 20 and under. ▪ 1 service date every 24 months ages 21 and older. ▪ Additional exams and refractions are covered as needed when medically necessary.
Necessary Medical Services	<ul style="list-style-type: none"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure
Frame	<ul style="list-style-type: none"> ▪ 1 unit every 12 months ages 20 and under. ▪ 1 service date every 5 years ages 21 and older. ▪ Frame must be selected from the March frame kit.
Deluxe Frame	<ul style="list-style-type: none"> ▪ 1 unit every 12 months ages 20 and under or 1 unit every 5 years ages 21 and older in lieu of the standard frame when medically necessary. Medical necessity includes, but is not limited to: <ul style="list-style-type: none"> ▪ Frames to accommodate facial asymmetry or other anomalies of the: <ul style="list-style-type: none"> ▪ Head, neck, face or nose. ▪ Allergy to standard frame materials ▪ Specific lens prescription requirements ▪ Frames with special modifications such as ptosis crutch ▪ Provision of frames to an infant where special size frames must be prescribed that are unavailable in the standard selection. ▪ To identify deluxe frames, please bill with procedure code V2025 and the MSRP or invoice cost of the frame. Documentation must be attached to the claim. Claims submitted without documentation will be denied. ▪ Frame must be from the provider's selection.
Frame Replacement	<ul style="list-style-type: none"> ▪ Covered as needed due to extenuating circumstances beyond the member's control, for example, fire, theft, or automobile accident. Documentation must be maintained in the provider's office and shall be subject to post payment review and audit. ▪ To identify replacement frames, please bill with modifier U8.
Lenses	<ul style="list-style-type: none"> ▪ 2 units (1 pair) every 12 months ages 20 and under or 2 units (1 pair) every 5 years ages 21 and older when the following criteria is met for an initial or subsequent pair of glasses. <ul style="list-style-type: none"> ▪ For one eye, a change of .75 diopters for ages 6 through 20. ▪ For one eye, a change of .75 diopters for ages 21 through 42. ▪ For one eye, a change of .50 diopters for ages 43 and older. ▪ An axis change of at least 15 degrees ▪ Tint numbers 1 and 2 (including rose A, pink 1, soft lite, cruxite and velvet lite) are covered when medically necessary. ▪ Safety lenses are covered for corneal lacerations and other severe intractable ocular or ocular adnexal disease. ▪ Lens, polycarbonate or equal, any index, per lens is covered when a corrective lens is medically necessary and one or more of the following criteria is met. <ul style="list-style-type: none"> ▪ Member has carcinoma in one eye, and the health eye requires a corrective lens. ▪ Member has only one eye, and that eye requires a corrective lens. ▪ Member had eye surgery and still requires the use of a corrective lens. ▪ Member has retinal detachment or is post-surgery for retinal detachment and requires lens to correct a refractive error of one or both eyes.

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ Member has a cataract in in one eye or is post-cataract surgery and requires a lens to correct a refractive error of one or both eyes. ▪ Member has low vision or legal blindness in one eye with normal or near normal vision in the other eye. ▪ Member has other conditions for which the optometrist or ophthalmologist has deemed polycarbonate lenses to be medically necessary. These conditions must be such that one eye is affected by an intractable ocular condition, and the polycarbonate lens is being used to protect the remaining vision of the healthy eye. ▪ Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.
Lens Replacement	<ul style="list-style-type: none"> ▪ Covered as needed due to extenuating circumstances beyond the member's control, for example, fire, theft, or automobile accident. Documentation must be maintained in the provider's office and shall be subject to post payment review and audit. ▪ To identify replacement lenses, please bill with modifier U8. ▪ To identify replacement lenses due to a change in prescription, please bill with modifier SC.
Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ Covered as needed when medically necessary. Medically necessary documentation must be maintained in the provider's office and shall be subject to post payment review and audit.
Repairs	<ul style="list-style-type: none"> ▪ Covered as needed due to extenuating circumstances beyond the member's control, for example, fire, theft, or automobile accident. Documentation must be maintained in the provider's office and shall be subject to post payment review and audit. ▪ To identify repairs, please bill with modifier U8.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Surgical eye care.

1.3 Covered Benefits – UnitedHealthcare Dual Complete® PPO D-SNP (Medicare) H0271-005 **Effective 01/01/2024**

Benefit Plan(s): UDINS-DC

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> ▪ 1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none"> ▪ \$300 allowance every calendar year. ▪ Allowance may be used toward frames, lenses, lens extras and contact lenses. ▪ In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> ▪ One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply. ▪ To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none"> ▪ 1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”: <ul style="list-style-type: none"> ▪ Individuals with a family history of glaucoma ▪ Individuals with diabetes mellitus ▪ African-Americans ages 50 and older ▪ Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> ▪ Surgical eye care



1.4 Covered Benefits – UnitedHealthcare Dual Complete® PPO D-SNP (Medicare) H0271-054 **Effective 01/01/2024**

Benefit Plan(s): UDINS-DC2

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none">1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none">Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none">\$200 allowance every calendar year.Allowance may be used toward frames, lenses, lens extras and contact lenses.In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none">One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply.To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none">1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”:<ul style="list-style-type: none">Individuals with a family history of glaucomaIndividuals with diabetes mellitusAfrican-Americans ages 50 and olderHispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none">Surgical eye care



1.5 Covered Benefits – UnitedHealthcare Dual Complete® PPO D-SNP (Medicare) H0271-063 **Effective 01/01/2024**

Benefit Plan(s): UDINS-DC3

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none">1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none">Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none">\$300 allowance every calendar year.Allowance may be used toward frames, lenses, lens extras and contact lenses.In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none">One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply.To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none">1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”:<ul style="list-style-type: none">Individuals with a family history of glaucomaIndividuals with diabetes mellitusAfrican-Americans ages 50 and olderHispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none">Surgical eye care

1.6 Hoosier Care Connect Reimbursement Procedures for Deluxe Frame

The UnitedHealthcare Community Plan Hoosier Care Connect benefit includes the option for a deluxe frame if medically necessary. To identify a deluxe frame due to medical necessity, providers must bill with procedure code V2025 and the MSRP or invoice cost of the frame. Documentation must be submitted with the claim. Please clearly identify if documentation reflects MSRP or invoice. Billed charges should reflect the MSRP or invoice cost of the frame. Reimbursement will be up to 75% of the MSRP or up to 120% of the cost of invoice.